PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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UTILITY PATENT APPLICATION

Jose Engelmayer First Inventor

| PATENT APPLICATION | Title | LACTOFERRIN COMPOSITIONS AND METHODS | | | | | |
|--|--------------------|--|--|--|--|--|--|
| TRANSMITTAL | | OF WOUND TREATMENT USS Mail Label No. ER 147056756 US | | | | | |
| (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Exprose | | | | | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | |
| Alexandrial, WA 22313-1450 1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Submit an original, and a duplicate for fee processing) (Indicate the form of the processing) (Indicate the feet of the feet feet processing) (Indicate the feet of the feet feet processing) (Indicate and/or Amino Acid Sequence Submission (Integrated Feet Processing) (Integrated Program Submits on Composition (Integrated Program Integrated Program Integrate | | | | | | | |
| X Customer Number: 20 | | | | | | | |
| Name | | | | | | | |
| Address | State | Zip Code | | | | | |
| City | City Telephone Fax | | | | | | |
| Name (Print/Type) Melissa Wy Acosta | | Registration No. (Attorney/Agent) 45,872 | | | | | |
| Name (Print/Type) Melissa Wy Acosta Signature Date September 16, 2003 | | | | | | | |
| | | | | | | | |

Utility Patent Application Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 147056756 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 16, 2003

Signature:



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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

OTAL AMOUNT OF PAYMENT (\$)

| Complete if Known | | | | |
|----------------------|--------------------|--|--|--|
| Application Number | Not Yet Assigned | | | |
| Filing Date | September 16, 2003 | | | |
| First Named Inventor | Jose Engelmayer | | | |
| Examiner Name | Not Yet Assigned | | | |
| Art Unit | N/A | | | |
| Attemory Decket No. | H0-P02652US1 | | | |

| TOTAL AMOUNT OF PAYMENT (\$) 900.00 | احيي | Attorn | ey Dod | xet No |). | nu-Pu20: | 32031 | |
|---|-----------------------------|----------------|---------------|---------------|---------------------------|----------------------------|---------------------------------|----------|
| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | | | | | |
| X Check Credit Money Order Other None | 3. ADDITIONAL FEES | | | | | | | |
| Deposit Account: | 1. | | | | | | | |
| Deposit 00 0075 | Large Fee | Entity Fee | Small Fee | Entity Fee | - | | | |
| Account Number 06-2375 | Code | (\$) | Code | (\$) | | Fee Desc | ription | Fee Paid |
| Account Fulbright & Jaworski L.L.P. | 1051 | 130 | 2051 | 65 | - | late filing fe | | |
| The Director is authorized to: (check all that apply) | 1052 | 50 | 2052 | 25 | sheet. | - late provisio | onal filing fee or cover | |
| Charge fee(s) indicated below X Credit any overpayments | 1053 | 130 | 1053 | 130 | Non-English | specificatio | n | |
| X Charge any additional fee(s) during the pendency of this application | 1812 | 2,520 | 1812 | 2,520 | _ | • | parte reexamination | |
| Charge fee(s) indicated below, except for the filing fee | 1804 | 920* | 1804 | 920* | Requesting Examiner as | | of SIR prior to | |
| to the above-identified deposit account. | 1805 | 1,840* | 1805 | 1,840* | Requesting Examiner as | publication o | of SIR after | |
| FEE CALCULATION | 1251 | 110 | 2251 | 55 | Extension for | or reply within | n first month | |
| 1. BASIC FILING FEE | 1252 | 410 | 2252 | 205 | Extension for | or reply within | n second month | |
| Large Entity Small Entity | 1253 | 930 | 2253 | 465 | Extension for | or reply within | n third month | |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) | 1254 | 1,450 | 2254 | 725 | Extension fo | or reply within | n fourth month | |
| 1001 750 2001 375 Utility filing fee 375.00 | 1255 | 1,970 | 2255 | 985 | Extension for | or reply within | n fifth month | |
| 1002 330 2002 165 Design filing fee | 1401 | 320 | 2401 | 160 | Notice of Ap | peal | | |
| 1003 520 2003 260 Plant filing fee | 1402 | 320 | 2402 | 160 | Filing a brie | f in support o | of an appeal | |
| 1004 750 2004 375 Reissue filing fee | 1403 | 280 | 2403 | 140 | Request for | oral hearing | | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | 1,510 | Petition to in | nstitute a pub | lic use proceeding | |
| | 1452 | 110 | 2452 | 55 | Petition to re | evive – unav | oidable | |
| SUBTOTAL (1) (\$) 375.00 | 1453 | 1,300 | 2453 | 650 | Petition to re | evive - uninte | entional | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 | 1,300 | 2501 | 650 | Utility issue | fee (or reiss | ue) | |
| Extra Fee from | 1502 | 470 | 2502 | 235 | Design issu | e fee | , | |
| Claims below Fee Paid | 1503 | 630 | 2503 | 315 | Plant issue | | | <u> </u> |
| Independent 9 -3** = 6 x 42.00 = 252.00 | 1460 | 130 | 1460 | 130 | Petitions to | the Commis | sioner | |
| Multiple Dependent | 1807 | 50 | 1807 | 50 | Processing | fee under 37 | CFR 1.17(q) | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 | Submission | of Informatio | on Disclosure Stmt | |
| Fee Fee Fee Fee Code (\$) Code (\$) | 8021 | 40 | 8021 | 40 | | | ssignment per of properties) | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | 750 | 2809 | 375 | | mission after | final rejection | |
| 1201 84 2201 42 Independent claims in excess of 3 | 1810 | 750 | 2810 | 375 | • | Iditional inve | ntion to be | |
| 1203 280 2203 140 Multiple dependent claim, if not paid | 1 | | | | • | 37CFR 1.129 | | <u> </u> |
| 1204 84 2204 42 ** Reissue independent claims over original patent | 1801 | 750 | 2801 | 375 | • | Continued E expedited e | xamination (RCE) | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 Other | 900 ee (spe | 1802 cifv) | 900 | of a design | | | |
| SUBTOTAL (2) (\$) 981.00 | l | , , | •• | ina Eco | Paid | CHRIO | TAL (3) (5) | 0.00 |
| **or number previously paid, if greater; For Reissues, see above | Redu | ced by E | odsić Fil | mig ree | : raiu | SUBTO | TAL (3) (\$) | 0.00 |
| SUBMITTED BY | | | | | | (Complete | (if applicable)) | |
| Name (Print/Type) Melissa W. Acosta | | ation No | | ,872 | | T | (713) 651-5407 | , |
| Signature (Attorney/Agent) 45,872 (Pater September 16, 200 | | | | | | | | |
| | | | | | | | | |

Fee Transmittal

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Dated: September 16, 2003

Signature: X

_ (Staci V. Harris)

| Application No. (if known): | Attorney Docket No.: H0-P02652 | :US1 |
|-----------------------------|--------------------------------|------|
| | | |

Certificate of Express Mailing Under 37 CFR 1.10

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| on | September 16, 2003 |
|----|--------------------|
| | Date |

Staci Harris

Typed or printed name of person signing Certificate

Each paper must have its own certificate of mailing, or this certificate must identify Note: each submitted paper.

Application Data Sheet